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## **REDACTED - FOR PUBLIC INSPECTION**

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Received & Inspected

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FCC Mail Room

October 22, 2013

Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, S.W. Washington, DC 20554

ATTENTION: WIRELINE COMPETION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422 SAC 361440, MN, Cannon Valley Telecom, Inc. Connect America Fund WC Dockets 10-90 and 11-42

Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of Commission's Rules, Cannon Valley Telecom, Inc., MN, SAC 361440 is filing its Form 481 High Cost and Low-Income Annual Report.

Cannon Valley Telecom, Inc. seeks confidential treatment under the Protective Order in this proceeding. <sup>1</sup> Pursuant to the Order, one copy of the confidential document and two copies of the redacted version are provided. The Redacted version is also being filed on the Electronic Comment Filing System.

Please address any correspondence regarding this transmittal to the attention of Tom Campbell at the following address, e-mail or telephone number.

Sincerely,

Tom Campbell

**Telecommunications Consultant** 

tcampbell@otcpas.com

651-621-8511 (v)

651-483-2467 (f)

**Enclosures** 

CC: Mr. Charles Tyler, FCC Telecommunications Access Policy Division (two copies confidential)

<sup>1</sup> See Protective Order 27, WC Docket Nos. 10-90 et al, Rec 14231 rel. November 16 ("Order")

List ABODE

Contact Name: Person USAC should contact with person USAC should contact with questions about this data with questions about the person identified in data line <0300-  ANNUAL REPURTING SOF AUX CARRIERS    Contact Trail Address:   Contact Trail Addre	FCC For Data Co	m 481 - Carrier Annual Reporting	FCC Form OMB Cont July 2013	481 rai No. 3060-0985/DMB Control No. 3060-0823 (
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FCC Form 481 OMB Control No. 3060-0986/GMB Control No. 3060-0986/GMB Control No. 3060-0986/GMB Control No. 3060-0819	361440	ea Name	Year 2014	Contact Name - Person USAC should contact regarding this data Tom Campbell	Contact Telephone Number - Number of person identified in data line <030> 651-621-8511	Contact Email Address of person identified in data line <030> tcampbell@otcpas.com	Has your company received its ETC certification from the FCC?	s yes, do you have an existing §54.202(a) "5	111> is yes, then you are required to file a progress lineating the status of your company's existing § on file with the FCC, as it relates to your provision of Quality Improvement Plan or, in subsequent years, ort filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is s frozen support, your progress report is only e telephony service.	Name of Attached Document (.pdf) 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service capacity How (USF) was used to improve service capacity Provide an explanation of network improvement targets not met
(100) Service Quality Improvement Reporting Data Collection Form	<010> Study Area Code		<020> Program Year	<030> Contact Name - Person U.	<035> Contact Telephone Numb	<039> Contact Email Address - E	<110> Has your company receive	If your answer to Line <110> ic <111> year plan" filed with the FCC?	If your answer to Line <11 report, on line <112> delin 54.202(a) "5 year plan" or voice telephony service. <112> Attach Five-Year Service Q your annual progress repo CETC which only receives: required to address voice	Please check these boxes in 112, contains a progress rupian pursuant to § 54.2021 center level or census bloo	<ul> <li>&lt;113&gt; Maps detailing progress to</li> <li>&lt;114&gt; Report how much universities</li> <li>&lt;115&gt; How (USF) was used to im</li> <li>&lt;116&gt; How (USF) was used to im</li> <li>&lt;117&gt; How (USF) was used to im</li> <li>&lt;117&gt; How (USF) was used to im</li> <li>&lt;118&gt; Provide an explanation of in the prior calendar year.</li> </ul>

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800) Operating Companies Data Collection Form	<010> Study Area Code 35140	<015> Study Area Name CANNON VLY TELECOM	<020> Program Year 2014	<030> Contact Name - Person USAC should contact regarding this data Tom Campbell	<035> Contact Telephone Number - Number of person identified in data line <030> 651-621-8511	<039> Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com	<810> Reporting Carrier Cannon Valley Telephone Company	ıı	<812> Operating Company	<813>	Affiliates												

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<020>	:020> Program Year	2014
<030>	<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<032>	<035> Contact Telephone Number - Number of person identified in data line <030> 651-621-8511	(030) 651-621-8511
<039>	<039> Contact Email Address - Email Address of person identified in data line	identified in data line <030> tcampbell@otcpas.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;

<922> Feasibility and sustainability planning;

<923> Marketing services in a culturally sensitive manner;

<924> Compliance with Rights of way processes

<925> Compliance with Land Use permitting requirements

<926> Compliance with Facilities Siting rules

<927> Compliance with Environmental Review processes

<928> Compliance with Cultural Preservation review processes

29> Compliance with Tribal Business and Licensing requirements.

Name of Attached Document (.pdf)

Select (Yes, No, NA) 10/10/2013 Page 7

FCC Form 481	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013										
		361440	CANNON VLY TELECOM	2014	Tom Campbell	651-621-8511	tcampbell@otcpas.com				
100) No Terrestrial Backhaul Reporting	ita Collection Form	Study Area Code	Study Area Name	Program Year	Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030>	Contact Email Address - Email Address of person identified in data line <030>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)		
100) NC	ata Col	<010>	<015>	<020>	<030>	<035>	<039>	(1120>	(1130>		

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FCC Form 481 CONB. Control No. 3060:0986/OMB.Cohtrol No. 3060-0819	0	CANNON VLY TELECOM		Tom Campbell	651-621-8511	tcampbell@otcpas.com	361440mm1210	Name of attached document (.pdf)					
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				arding this data	Jentified in dat	identified in da	gueld	2		ie attached PC w-income	tions of any voice ie subscribers,	art of the plar	such plan.
1200) Terms and Condition for lifeline Customers ifeline ata Collection Form	Study Area Code	Study Area Name	Program Year	Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030>	Contact Email Address - Email Address of person identified in data line <030>	41210. Tarms & Canditions of Voice Telenhow Lifeline		Link to Public Website	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	Details on the number of minutes provided as part of the plan,	<1223> Additional charges for toll calls, and rates for each such plan.

10/10/2013 Page 9

FCC Form 481. GMB Cohtrol No. 3080-0986/GMB Control No. 3080-0819.							CHECK the boxes below to note compliance as a reciplent of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.																					Name of Attached Document Listing Required Information	
(2000) Price Cap Carrier Additional Decumentation Data Collection Form Including Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers	361440	CANNON VLY TELECOM	2014	Contact Name - Person USAC should contact regarding this data Tom Campbell	Contact Telephone Number - Number of person Identified in data line <030> 651-621-8511	Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com	ote compliance as a recipient of incremental Connect America Phase I support, frozan High Cost support, High Cost support to offset access charge red support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.	ncremental Connect America Phase I reporting	2nd Year Certification (47 CFR 6 54 313(b)(1))	Sold Constitution (AT FEB E A STATISTICS)	er uncauon (47 CTN & 54.5±5(p)(2))	Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}	2013 Frozen Support Certification	2014 Frozen Support Certification	2015 Frozen Support Certification	2016 and future Frozen Support Certification	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	Certification Support Used to Build Broadband	Connect America Phase II Reporting (47 CFR § 54.313(e))	3rd year Broadband Service Certification	5th year Broadband Service Certification	Interim Progress Certification	Please check the box to confirm that the attached PDF, on line 2021,	contains the required information pursuant to § 54.313 (a)(3)(ii), as a recipient	of CAF Phase II support shall provide the number, names, and addresses of	community anchor institutions to which began providing access to broadband	service in the preceding calendar year.	Interim Progress Community Anchor Institutions	
(2000) Price Cap Carrier Additional Decumentation Data Collection Form Including Rote-of-Return Carriers offiliated with Price	<010> Study Area Code	<015> Study Area Name	<020> Program Year	<030> Contact Name - Pr	<035> Contact Telephon	<039> Contact Email Ado	CHECK the boxes below to r	Incremental Conn	<2010> 2nd Year (				<2012> 2013 Froz	<2013> 2014 Froz	<2014> 2015 Froz	<2015> 2016 and	Price Cap Carrier (	<2016> Certification	Connect America	<2017> 3rd year B	<2018> 5th year B	<2019> Interim Pr	<2020> Please che	contains t	of CAF Phi	communit	service in	<2021> Interim Pr	

Study Area Code Study Area Name Frogram Year Contact Emal Address - Emal Contact Emal Address - Emal Emace Teacon USAC Contact Emal Address - Emal The boxes below to note comp Milestone Certification (47 C) Peage ress Report on 5 Year PI Milestone Certification (47 C) Peage check this box to conf contains the required inform recipient of CAF Phase il supp access to community and access to community and access of community and access of community and please check these boxes to ocupany fill please check these boxes to ocupanis the required inform requires: Electronic copy of their annu Telecommunications Borrow PDF of Balance Sheet, Incom if the response is yes on line report and all required docum if the response is yes on line fif the response is yes on line of if the response is yes on line that performed the company if the response is yes on line confirm your submission, on Elther a copy of their financial staten that performed the company if the response is no on line 3 if the response is no on line 3 if the response is no on line 3 if the response is to to the 3 if the re	
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Contact Email Address - Email  Contact Email Address - Email  Progress Report on 5 Year Pl  Milestone Certification (47 Cl  Pease check this box to conf  contains the required inform  recipient of CAF Phase II supply  addresses of community and  access to broadband service  Community Anchor Institution  if year company a Privately II  if year company a Privately II  if year company a Privately II  flectronic copy of their annu  Telecommunications Borrowy  PDF of Balance Sheet, Incom  if the response is yes on line  report and all required docuu  if the response is yes on line  report and all required docuu  if the response is yes on line  confirm your submission, on  Hadament in a format comparable to RI  PDF of Balance Sheet, Incom  Management letter issued by  that performed the company  if the response is on on line 3  floor online your submission,  contains:  contains:  contains:  contains:  do non line 3  to contine and on the 3  to contains:  contains:  contains:  do non blue 3  to contains:  contains:	
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Progress Report on 5 Year Plan  Milestone Cartification (47 CR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a reopient of CAF Phase il support shall provide the number, names, and addresses of community anchor institutions to which began providing accress to broadhang services in the preceding calendar year.  Community Anchor Institutions (47 CR § 54.313(f)(1)(ii)) Is your company a Privately Held ROR Cartler (47 CR § 54.313(f)(1)(ii)) Is your company a Privately Held ROR Cartler (47 CR § 54.313(f)(1)(ii)) Is you company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: [Electronic copy of their annual RUS reports (Operating Report for If the response is no on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, attach your company audited?  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains clither a copy of their audited financial statement of 23 a financial report in a format companyle is not on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains copy of their financial statement which has been subject to review by an independent certified public accountant; or 23 a financial report in a format companable to RUS Operating Report for Telecommunications Pocyp of their financial statement which has been subject to review by an independent certified public accountant; or 23 a financial report in a format companable to RUS Operating Report for	lance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.
Milestona Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to 6 54.313(f)(1)(i), as a recipient of CAF Prese II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.  Community Anchor institutions (47 CFR § 54.313(f)(1)(i)) is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, please check these boxes to confirm that the attached PDF, on line 3017, please check these boxes to confirm that the attached PDF, on line 3017, please check these boxes to confirm that the attached PDF, on line 3017, please check these boxes to confirm that the attached PDF, on line 3017, please check the boxes bedow to requires: leteronisc sives, incommentation.  PDF of Balance Sheet, Income Statement and Statement of Cash Flows If the response is you nine 3014, attach your company audited?  If the response is you nine 3014, statch your company audited?  If the response is you nine 3014, statch your company is RUS annual report and all required documentation.  If the response is you nine 3014, please check the boxes below to confirm your submission, on line 3015 pursuant to § 54.313(f)(2), contains in a format companable is RUS Operating Report for Telecommunications has personate in on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, pursuant to § 54.313(f)(2), contains in a format companable to RUS Operating Report for Telecommunications secret that performed the company framelial accountant; or 2 is financial report in a format companyle or RUS Operating Report for Telecommunications secret to RUS Operating Report for Telecommunications and companyle or RUS Operating Repor	
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8025) PDF of Balance Sheet, income Statement and Statement of Cash Flows	•
3026) Attach the worksheet listing required information Name of Attached Document Listing Required information	ument Listing Required Information

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130000000000000000000000000000000000000	tion - Reporting Carr lection Form	iler	FCCForm 881 OMB Centrol No., 3060-0986/OMB Centrol No. 3060-0819 Uly 2013
<010>	Study Area Code	361440	
<015>	Study Area Name	CANNON VLY TELECOM	
<020>	Program Year	2014	
<030>	Contact Name - Pers	son USAC should contact regarding this data Tom Campbell	
<035>	Contact Telephone	Number - Number of person identified in data line <030> 651-621-8511	
<039>	Contact Email Addre	ess - Email Address of person identified in data line <030> tcampbell@otcpas.	com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my respo recipients; and, to the best of my knowledge, the information	sibilities include ensuring the accuracy of the annual reporting requirements for universal service supported on this form and in any attachments is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

	ion - Agent / Carrier ection Form	FCC-Form 481 OMB Control No. 3060-0985/CMB Control No. 3060-0819 July 2013
<010>	Study Area Code	361440
<015>	Study Area Name	CANNON VLY TELECOM
<020>	Program Year	2014
<030>	Contact Name - Person USAC	should contact regarding this data Tom Campbell
<035>	Contact Telephone Number -	Number of person identified in data line <030> 651-621-8511
<039>	Contact Email Address - Ema	Address of person identified in data line <030> tcampbell@otcpas.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

certify that (Name of Agent) <u>nom_Campbell</u> also certify that I am an officer of the reporting carrier; my responsibilition agent; and, to the best of my knowledge, the reports and data provided to	is authorized to submit the information reported on behalf of the reporting carrier. s include ensuring the accuracy of the annual data reporting requirements provided to the authorized o the authorized agent is accurate.
Name of Authorized Agent: Tom Campbell	
Name of Reporting Carrier: CANNON VLY TELECOM	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 10/10/2013
Printed name of Authorized Officer: William Eckles	
Title or position of Authorized Officer: President	
Telephone number of Authorized Officer: 507-526-3252	
Study Area Code of Reporting Carrier: 361440	Filing Due Date for this form: 10/15/2013

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier											
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support rec the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information											
Name of Reporting Carrier: CANNON VLY TELECOM											
Name of Authorized Agent or Employee of Agent: Tom Campbell											
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 10/10/2013										
Printed name of Authorized Agent or Employee of Agent: Tom Campbell											
Title or position of Authorized Agent or Employee of Agent Consultant											
Telephone number of Authorized Agent or Employee of Agent: 651-621-8511											
Study Area Code of Reporting Carrier: 361440 Filing Due Date for this form: 10/15/203	13										
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 193- 18 of the United States Code, 18 U.S.C. § 1001.											

Attachments

F.CC. Form. 481. OMB. Control No. 3060-0986./OMB. Control No., 3060-0819 July 2013								ALSO ALSO AND	<833×1	Doing Business As Company or Brand Designation	BEVCOMM	BEVCOMM	BEVCOMM	BEVCOMM	BEVCOMM					The state of the s							
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(a00) Operating Companies Data Collection Form <a href="#">Collection Form</a> <a href="#">&lt;</a> <a href="#">361440</a>	<015> Study Area Name CANNON VLY TELECOM	1	<030> Contact Name - Person USAC should contact regarding this data Tom Campbell		<0.33> Contact Email Address - Email Address of person identified in data line <0.30> tcampbell@otcpas.com	Reporting Carrier	1 1	<812> Operating Company	<813>	Affiliates	Blue Earth Valley Telephone Company	Eckles Telephone Company	Easton Telephone Company	Cannon Valley Telephone Company	BEVCOMM, Inc.	Indianhead Telephone Company	Pine Island Telephone Company	Hager Telephone Company	Granada Telephone Company								

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SAC: 361440 State: MN

Cannon Vly Telecom

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

As required by MN. Rule "7812.0700 Minnesota General Service Quality Requirements. Subpart 1" the local services provided by Cannon Vly Telecom are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Minnesota Public Utility Commission orders and rules including:

7810.0100 DEFINITIONS. 7810.0200 SCOPE. 7810.0300 STATUTORY AUTHORITY.

### **RECORDS AND REPORTS**

7810.0400 RETENTION OF RECORDS.
7810.0500 DATA TO BE FILED WITH THE COMMISSION.
7810.0600 REPORT TO COMMISSION ON SERVICE DISRUPTION.
7810.0900 LOCATION OF RECORDS.

### **CUSTOMER RELATIONS**

7810.1000 INFORMATION AVAILABLE TO CUSTOMER AND PUBLIC. 7810.1100 COMPLAINT PROCEDURES. 7810.1200 RECORD OF COMPLAINT.

### CUSTOMER BILLING: DEPOSIT AND GUARANTEE REQUIREMENTS

7810,1400 CUSTOMER BILLING.

7810,1500 DEPOSIT AND GUARANTEE REQUIREMENTS.

7810,1600 DEPOSIT.

7810.1700 GUARANTEE OF PAYMENT.

### **DISCONNECTION OF SERVICE; SERVICE DELAY**

7810.1800 PERMISSIBLE SERVICE DISCONNECTIONS WITH NOTICE.
7810.1900 PERMISSIBLE SERVICE DISCONNECTIONS WITHOUT NOTICE.

7810.2000 NONPERMISSIBLE REASONS TO DISCONNECT SERVICE.

7810,2100 MANNER OF DISCONNECTION.

7810,2200 RECONNECTION OF SERVICE.

7810.2300 NOTICE REQUIREMENTS.

7810,2400 BILL DISPUTES.

7810.2500 ESCROW PAYMENTS.

7810.2600 WAIVING RIGHT TO DISCONNECT; EMERGENCY STATUS.

7810,2800 DELAY IN INITIAL SERVICE OR UPGRADE.

### **DIRECTORIES**

7810.2900 CONTENT OF DIRECTORIES. 7810.3000 DIRECTORY ASSISTANCE. 7810.3100 CHANGES OR ERROR OF LISTED NUMBER.

### **ENGINEERING**

7810.3200 CONSTRUCTION OF TELEPHONE PLANT. 7810.3300 MAINTENANCE OF PLANT AND EQUIPMENT. 7810.3900 EMERGENCY OPERATIONS.

Page 2 of 2

SAC: 361440 State: MN

Cannon Vly Telecom

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

### INSPECTIONS, TESTS, SERVICE REQUIREMENTS

7810.4100 ACCESS TO TEST FACILITIES.
7810.4300 ACCURACY REQUIREMENTS.
7810.4900 ADEQUACY OF SERVICE.
7810.5000 UTILITY OBLIGATIONS.
7810.5100 TELEPHONE OPERATORS.
7810.5200 ANSWERING TIME.
7810.5300 DIAL SERVICE REQUIREMENTS.
7810.5400 INTEROFFICE TRUNKS.
7810.5500 TRANSMISSION REQUIREMENTS.
7810.5800 INTERRUPTIONS OF SERVICE.
7810.5900 CUSTOMER TROUBLE REPORTS.
7810.6000 PROTECTIVE MEASURES.

7810.6100 SAFETY PROGRAM.

Cannon VIy Telecom is in compliance with Federal CPNI rules, Red Flag Rules and other Federal and State requirements governing the protection of Customer's privacy.

Page 1 of 1

SAC: 361440 State: MN

Cannon Vly Telecom

Form 481 Line No. 610 Description of Functionality in Emergency Situations

Cannon Vly Telecom pursuant to MN Rule "7810.390 Emergency Operations" has:

- Established reasonable provisions' to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, illness of operators or from fire, storm, or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
  - o A minimum of four hours of battery service in each central office.
  - o A permanently installed power unit in exchanges exceeding 5000 lines.
  - Mobile power units that can be delivered on short notice and which can be readily.
     connected in offices without installed emergency power facilities.
- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

Page 1 of 3

SAC: 361440 State: MN

Cannon Vly Telecom

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Cannon Vly Telecom does adhere to all Federal Lifeline eligibility rules and regulations as well as Minnesota Administrative Rule "7817.0400 - Eligibility for Telephone Assistance Credits" which states:

### Minnesota Administrative Rule 237 Chapter 7817.0400

Subpart 1. Information provided. Each local service provider shall annually mail a notice of the availability of the telephone assistance plan to each residential subscriber in a regular billing. If a subscriber has chosen to receive the regular billing other than through U.S. mail, the local service provider shall send the notice in a regular billing using the delivery method chosen by the subscriber for delivery of the regular billing. The notice must state the following: YOU MAY BE ELIGIBLE FOR ASSISTANCE IN PAYING YOUR TELEPHONE BILL IF YOU RECEIVE BENEFITS FROM CERTAIN LOW-INCOME ASSISTANCE PROGRAMS OR MEET CERTAIN INCOME LIMITS. FOR MORE INFORMATION OR AN APPLICATION FORM PLEASE CONTACT

(local service provider) . On request, the local service provider shall mail to a person an application form developed by the commission and the Department of Commerce, and a brochure that describes the telephone assistance plan's eligibility requirements and application process.

**Subpart 2. Application process.** On completing and signing the application certifying under penalty of perjury that the information provided by the applicant is true and that the statutory criteria for eligibility are satisfied, the applicant must return it to the local service provider for enrollment in the telephone assistance plan. An application may be made by the subscriber, the subscriber's spouse, or a person authorized by the subscriber to act on the subscriber's behalf.

Subpart 4. Eligibility criteria. To be eligible for a telephone assistance credit the applicant must:

- A. be a subscriber who resides in Minnesota or has moved to Minnesota and intends to remain; and
- B. be eligible for the federal Lifeline telephone service discount.

**Subpart 7. Applicant and recipient responsibilities.** Each applicant and each recipient shall provide current information to the local service provider about permanent changes that affect the applicant's or recipient's eligibility.

### Subpart 8. Local service provider responsibilities.

- A. A local service provider shall begin providing telephone assistance credits to an applicant in the earliest possible billing cycle but not later than the second billing cycle following submission of a completed application demonstrating eligibility. If certified, the local service provider shall notify the applicant by, for example, placing telephone assistance credits on the bill.
- B. If an applicant is denied eligibility, the local service provider shall notify the applicant in writing of the reasons for the denial, of the right to appeal, and of the right to reapply.

Page 2 of 3

SAC: 361440 State: MN Cannon Vly Telecom Form 481 Line No. 1210 Lifeline Plans Terms and Conditions **Rates** Cannon Vly Telecom's Local service rates that serve as its Lifeline Plans are filed in Compliance with the regulatory requirements of Minn. Rules Ch. 7810 and Minn. Rules pt. 7812.0600 as follows: A. The tariffs or price lists of local exchange carriers must offer the following services to all customers pursuant to Minn. Rules pt. 7812.0600 (basic service requirements): single party voice-grade service and touch-tone capability; 911 or enhanced 911 access; 1 + intraLATA and interLATA presubscription and code-specific equal access to interexchange carriers subscribing to its switched access service; \_\_\_\_\_ access to directory assistance, directory listings, and operator services; toll and information service-blocking capability without recurring monthly charges \_\_\_\_ one white pages directory per year for each local calling area, which may include more than one local calling area, except where an offer is made and explicitly refused by the customer; a white pages and directory assistance listing, or, upon customer request, a private listing that allows the customer to have an unlisted or unpublished telephone number; call-tracing capability according to chapter 7813; \_\_\_\_ (i) call Trace provisions in tariff mirror Commission's tariff templates. blocking capability according to the Commission's ORDER ESTABLISHING CONDITIONS FOR THE PROVISION OF CUSTOMER LOCAL AREA SIGNALING SERVICES, Docket No. P999/CI-92-992 (June 17, 1993) and its ORDER AFTER RECONSIDERATION, Docket No. P999/CI-92-992 (December 3, 1993). telecommunications relay service capability or access necessary to comply with state and federal regulations.

B. A Separate flat rate service offering is required pursuant to Minn. Rules pt. 7812.0600, subpt. 2. At a minimum, each local service provider (LSP) shall offer the services identified in Minn. Rules pt. 7812.0600, subpt. 1 as a separate tariff or price list offering on a flat rate basis. An LSP may also offer basic local service on a measured rate basis or in combination with other services. An LSP may impose separate charges for the services set forth in subpart 1 only to the extent permitted by applicable laws, rules, and commission orders.

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Cannon Vly Telecom

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

C. Service area obligations under Minn. Rules pt. 7812.0600, subpt. 3: An LSP shall provide its local services on a nondiscriminatory basis, consistent with its certificate under part 7812.0300 or 7812.0350, to all customers who request service and whose premises fall within the carrier's service area boundaries or, for an interim period, to all requesting customers whose premises fall within the operational areas of the local service provider's service area under part 7812.0300, subpart 4, or 7812.0350, subpart 4. The obligation to provide resale services does not extend beyond the facilities-based services does not require an LSP that is not an eligible telecommunications carrier (ETC) to build out its facilities to customers not abutting its facilities or to serve a customer if the local service provider cannot reasonably obtain access to the point of demarcation on the customer's premises. service capability of the underlying carrier whose service is being resold. The obligation to provide

The flat rate services, offered pursuant to Minn. Rules pt. 7812.0600, subpt. 2., include unlimited local service minutes of use. The local services offerings do not include any toll minutes of use. The rates for any toll usage are determined by the rate plans of the Toll Provider(s) selected by the end user.

The specific Company terms and conditions for the Companies Lifeline Plans are set forth in the tariff pages included in Exhibit 1, attached.

Exhibit 1

SAC: 361440 State: MN

Cannon Vly Telecom

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

CANNON VALLEY TELECOM, INC. d/b/a BEVCOMM
BRICELYN. MINNESOTA

Section 4 Page 1

### LOCAL EXCHANGE SERVICE

The rates for Local Exchange Service are subject to the conditions set forth herein and the General Regulations governing provision of service. The General Regulations are set forth in Section 2 of this tariff book.

### Local Exchange Service

- A. The Local Exchange Service Rates are for service only and do not include any terminal equipment beyond the point of demarcation.
- B. The rates applicable to Local Exchange Service are composed of a Line Access Rate component plus (where applicable) an Extended Area Service component.

### C. Service Upgrades

- At the option of the Company, services will be upgraded to business individual line and residence individual line or two party services as facilities for the provision of such services permit.
- 2) Upgrading of business and residence services may be accomplished on a line by line basis at the option of the Company.
- 3) As an exchange is upgraded, as set forth in 1) above, the rates shown on the appropriate rate schedule will be applied.

### D. Extended Area Service

- 1) Establishment and discontinuance of EAS will be contingent upon Commission authorization.
- 2) Extended Area Service rate component.
  - a) EAS is a premium-type service offering made by the Company to certain exchanges, under specific conditions.
  - b) The Extended Area Service rate component, where applicable, is included in the Local Exchange Service Rate.

### E. Taxes

1) Applicable taxes levied by state, county and local taxing authorities are in addition to the rates set forth in this tariff. (See also General Regulations, Section 2).

Effective: 5-15-08

CANNON VALLEY TELECOM, INC. d/b/a BEVCOMM
BRICELYN, MINNESOTA

Section 4 Page 2 Revision 3

### LOCAL EXCHANGE SERVICE

	<u>Rates</u>										
Class of Service	Deicalum	Monthly Rates #	(C)								
Business:	Bricelyn Frost	Morristown		F							
	₾ 47.00 <sup>(3)</sup> (I)	\$ 17.00 <sup>(3)</sup>		œ	47.00	(1)					
One Party	\$ 17.00 <sup>(3)</sup> (I)	\$ 17.00 <sup>(3)</sup>	(1)	\$	17.00	(l) (D)					
PBX Trunk Access – Analog (1)	19.00 <sup>(2)</sup>	20.00(2)			19.00 <sup>(2)</sup>	(D)					
Residence:											
One Party City	14.00 <sup>(3)</sup> (I)	14.00 <sup>(3)</sup>	(1)		14.00	(I)					
Rural One Party	14.00 <sup>(3)</sup> (l)	14.00 <sup>(3)</sup>	(1)		14.00	(ľ)					

All rates are billed in advance. Payment for service is due when the statement is rendered.

Vacation service is available for customers requiring less than 12 months of service per year. The rate for vacation service is determined in accordance with section 5 of this tariff book.

# All rates include caller ID free of charge and other calling features as noted on page 39, Section 5 and pages 3 and 7, Section 10.

Effective: <u>6-1-13</u>

<sup>(1)</sup> Additional tariffs and rates for PBX Service and DID Service located in Section 5.

<sup>(2)</sup> Includes Hunting Services.

<sup>(3)</sup> Monthly Rate includes \$.50 EAS additive.

CANNON VALLEY TELECOM, INC. d/b/a BEVCOMM BRICELYN, MINNESOTA

Section 4 Page 3

### LOCAL EXCHANGE SERVICE

Extended Area Service (EAS)

Exchange /

EAS to Exchange

Bricelyn

Frost

Frost

Bricelyn

Morristown

Faribault

Effective: <u>5-15-08</u>

SAC: 361440 State: MN

Cannon Vly Telecom Form 481 Line No. 3026

ATTACHMENT REDACTED IN ENTIRETY